



1997 ECONOMIC CENSUS
TOBACCO AND TOBACCO PRODUCTS

OMB No. 0607-0825: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

WH-5194

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

Preferred
Acceptable

Bil-ions (000) Mil-lions (000) Thou-sands (000) Dol-lars (000)

1 126

1 125 629

Item 4. DOLLAR VOLUME OF BUSINESS

Bil. Mil. Thou. Dol.

010

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

121 1 Yes – Go to line c
2 No – Skip to line e

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

Bil. Mil. Thou. Dol.

122

d. Commissions received (On transactions reported in item 4c)

123

NOTE – If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

Percent

124

%

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

Mil. Thou. Dol.

125

Item 5. PAYROLL

Mil. Thou. Dol.

Payroll in 1997, BEFORE DEDUCTIONS

030

a. Annual

031

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number

a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

b. List the above employees by the employee's primary function:

Number

131

(1) Selling

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

132

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

133

(4) Manufacturing

134

(5) Other – Specify

135

NOTE – The sum of lines 1 through 5 should equal total employment

Item 7. OPERATING EXPENSES		Mil.	Thou.	Dol.			
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)		040					
Item 8. INVENTORIES							
a. Did you have inventories at the end of 1996 or 1997?							
180	1 <input type="checkbox"/> Yes – Complete the remainder of the item						
	2 <input type="checkbox"/> No – Skip to item 9						
b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?							
185	1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)						
	2 <input type="checkbox"/> No – Complete only line c						
		End of 1997		End of 1996			
		Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
		046			047		
c. Total inventories							
(1) Amount not subject to LIFO costing		181			186		
(2) Amount subject to LIFO costing (gross)		182			187		
(a) Amount of the LIFO reserve		183			188		
(b) LIFO value of the line c(2) (net)		184			189		
NOTE – The sum of lines c(1) and c(2) should equal line c The sum of lines c(2a) and c(2b) should equal line c(2)							
Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997		PURCHASES AT COST VALUE					
		Bil.	Mil.	Thou.	Dol.		
Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)		160					
NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section							
Item 10. SALES BY CLASS OF CUSTOMER		Whole percent of sales					
Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.		141					
a. Export sales		142					
b. Restaurants, hotels, food services, and contract feeding		143					
c. Retailers and repair shops for resale or repair		144					
d. Other wholesale establishments for resale		145					
e. Industrial users for production (manufacturing and mining)		146					
f. Business users for consumption, not for resale		147					
g. Farmers (for farm use)		148					
h. Household consumers and individual users		149					
i. Builders and contractors		150					
j. Governmental bodies (Federal, State, and local)							
k. TOTAL (Sum of lines a through j should total 100%)		100%					

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS	
a. Kind of business	
What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.	
	070
(1) Tobacco and tobacco products	<input type="checkbox"/> 519400
(2) Confectionery	<input type="checkbox"/> 514500
(3) Other kind of business – Specify	<input type="checkbox"/> 777777
b. Selling characteristics	
(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.	
	068
From physical displays of priced merchandise	1 <input type="checkbox"/>
From a counter (little or no display)	2 <input type="checkbox"/>
From a warehouse or office	3 <input type="checkbox"/>
Other – Describe	4 <input type="checkbox"/>
(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.	
	069
Location and store attractiveness	1 <input type="checkbox"/>
Advertising to the general public, including direct mail advertising.	2 <input type="checkbox"/>
Advertising to the trade or calls directly to customers	3 <input type="checkbox"/>
Other – Describe	4 <input type="checkbox"/>
c. What percent of your sales are drop-shipped and do not enter this establishment?	Percent
	111
	%
Item 12. TYPE OF OPERATION	
What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box.	
	060
a. Own-brand importer and marketer	<input type="checkbox"/> 14
b. Merchant wholesaler (buying and selling on own account)	
(1) Importer	<input type="checkbox"/> 12
(2) Exporter	<input type="checkbox"/> 13
(3) Merchant wholesale distributor or jobber	<input type="checkbox"/> 11
c. Manufacturers' sales branches and offices	<input type="checkbox"/> 20
d. Agent, broker, and commission merchant	
(1) Auction company	<input type="checkbox"/> 41
(2) Broker (representing buyers and sellers)	<input type="checkbox"/> 42
(3) Commission merchant	<input type="checkbox"/> 43
(4) Import agent	<input type="checkbox"/> 44
(5) Export agent	<input type="checkbox"/> 45
(6) Manufacturers' agent	<input type="checkbox"/> 46
e. Other broker or agent – Specify type	<input type="checkbox"/> 77

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued										Number			
d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?										079			
If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.													
Estimates are acceptable if book figures are not available.													
1	Name								1997	Mil.	Thou.	Dol.	
	Number and street								Sales	081			
	City				State		ZIP Code		Annual payroll	082			
	Kind-of-business description								Paid employees for pay period including March 12				
									083				
	Type of operation (choose from item 12)								Census use	088			
										089			
2	Name								1997	Mil.	Thou.	Dol.	
	Number and street								Sales	081			
	City				State		ZIP Code		Annual payroll	082			
	Kind-of-business description								Paid employees for pay period including March 12				
									083				
	Type of operation (choose from item 12)								Census use	088			
										089			
3	Name								1997	Mil.	Thou.	Dol.	
	Number and street								Sales	081			
	City				State		ZIP Code		Annual payroll	082			
	Kind-of-business description								Paid employees for pay period including March 12				
									083				
	Type of operation (choose from item 12)								Census use	088			
										089			
REMARKS – <i>Please use this space for any explanations that may be essential in understanding your reported data.</i>													
Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.													
Period covered by this report		FROM:	Mo.	Year	TO:	Mo.	Year	Name of person to contact regarding this report – <i>Print or type</i>					
Telephone		Area code		Number		Extension		Title					
Signature of authorized person										Date			